OFFICE OF THE ILLINOIS ATTORNEY GENERAL
PUBLIC ACCESS DIVISION
FOIA/OMA TRAINING FORM

PLEASE CHECK TRAINING REQUESTED:

☐ **OMA** ☐ **FOIA** ☐ **Both**

DATE REQUESTED: **(Request must be at least 30 days in advance)**	

NAME OF PUBLIC BODY:	

LOCATION OF TRAINING: **(Please include street address, city, state, zip)**	

NUMBER OF ANTICIPATED ATTENDEES:	

PLEASE CHECK ONE:

☐ Initial Training ☐ Re-Training

NAME OF CONTACT PERSON:	
PHONE NUMBER:	
FAX NUMBER:	
COMPLETE ADDRESS:	

ADDITIONAL COMMENTS:

PLEASE NOTE FOR TRAINING SESSIONS WITH LESS THAN 25 ANTICIPATED ATTENDEES: A training session with less than 25 attendees will be scheduled for a regional session to be conducted at a nearby location on a quarterly basis.

Return form via fax at (217) 785-2551 – Attn: Delores Herren
If you have any questions, please call (217) 558-0486. Thank you.